

Candidate Statement of Non-Recipt of Contributions and Non-Expenditure of Funds For Candidates that have not spent or received any campaign funds

	Name of Candidate or Officeholder			Phone Number			
	Street Address	Suite/Apartmer	t/PO Box:	City	State	Zip	
	5311 S. Lucky Cl			Murray	UT	84123	
	Office	District Number	•	County		olitical Party	
	School Board	10					
S	Type of Report (Check the appropriate box)						
contributions & Expenditures	INTERIM I	INTERIM REPORTS:			FINAL REPORT:		
	(Requi	days preceding Party Convent red by all candidates) days preceding Primary Election red by all candidates) a 31st red by all candidates) days preceding a General Elect red by all candidates) D REPORT	on	Final Report (Required by all candidates and officeholders as soon as they close campaign accounts Yes Is this report an amendment? No			
	Report Verification						
\supseteq		I,					
	Name of Candida affirm that I have received no Contrib expenditures for political purposes du			ibutions and incurred no			
3				date	_		
Z	Date						
	To File this Form Mail or deliver to			For Office Use Only			
	Utah State Salt Lake C (801 For Mo Contact the Lieu (801 1-800-9	Governor's Office Capitol, Suite 220 ity, UT 84114-2325) 538 - 1133 re Information tenant Governor's Office) 538 - 1041 95-VOTE(8683) ons@utah.gov	1 1 -	Copied	Data	Received	